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Bib Data Sheet

SERIAL NUMBER 09/616,276	FILING DATE 07/14/2000 RULE -	CLASS 705	GROUP ART UNIT 2781 3626	ATTORNEY DOCKET NO. 065489.00001
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APPLICANTS
Evan E. Dussia, Tallahassee, FL ;

**** CONTINUING DATA **** *yes VF*

THIS APPLN CLAIMS BENEFIT OF 60/185,577 02/28/2000

**** FOREIGN APPLICATIONS **** *none VF*

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 09/05/2000

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>VF</i> Initials				

ADDRESS
James H Beusse Esquire
Holland & Knight LLP
P O Box 1526
Orlando ,FL 32802-1526

TITLE
Computerized method and system for obtaining, storing and accessing medical records

FILING FEE RECEIVED 458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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Bib Data Sheet

CONFIRMATION NO. 6661

SERIAL NUMBER 09/616,276	FILING DATE 07/14/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 065489.00001
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APPLICANTS

Evan E. Dussia, Tallahassee, FL;

** CONTINUING DATA *****

This appln claims benefit of 60/185,577 02/28/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/05/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	FL	4	21	4
Examiner's Signature _____ Initials _____				

ADDRESS

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P O Box 1526
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TITLE

Computerized method and system for obtaining, storing and accessing medical records

FILING FEE RECEIVED 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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